

Political Committee  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Judicial Election

Delbert Hosemann  
SECRETARY OF STATE

Name of Committee Committee to Elect Dave Rozier, Inc.

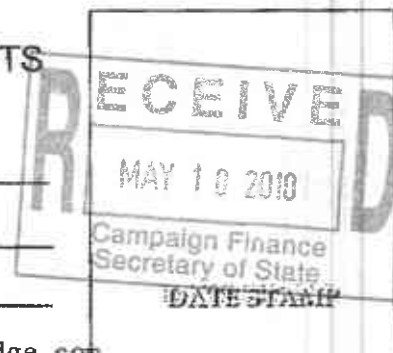
Address P. O. Box 2665, Oxford, MS 38655

Telephone 662-236-9901

Fax 662-236-9902

Treasurer Pam Meyer

Email info@rozierforcircuitjudge.com



☒ Check here if above is different from previous report - new P. O. Box address and e-mail address

**TYPE OF REPORT**

- ☒ **May 10, 2010 Periodic Report** (January 1, 2010, through April 30, 2010).....Mandatory
- ☐ **June 10, 2010 Periodic Report** (May 1, 2010, through May 31, 2010).....Mandatory
- ☐ **July 9, 2010 Periodic Report** (June 1, 2010, through June 30, 2010).....Mandatory
- ☐ **October 10, 2009 Periodic Report** (July 1, 2010, through September 30, 2010).....Mandatory
- ☐ **October 26, 2010 Pre-Election Report** (October 1, 2010, through October 23, 2010).....Mandatory
- ☐ **November 16, 2010 Pre-Runoff Report** (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ☐ **January 10, 2011 Periodic Report** (October 1, 2010, through December 31, 2010).....Mandatory
- ☐ **Termination Report** (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

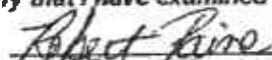
**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 28,750.00 + \$ 5.00	\$ 28,755.00	\$ 28,755.00
Total amount of disbursements	\$ 1,803.91 + \$ 509.21	\$ 2,313.12	\$ 2,313.12
Total amount of cash on hand		\$ 26,441.88	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

  
Signature of Director or Treasurer

5-10-10  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-358-1499 or 601-576-2819.  
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Page 1 of 2Name of Candidate or Committee Committee to Elect Dave Rozier, Inc.Reporting period January 1, 2010 through April 30, 2010

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Robbie Hayes		3 / 16 / 10	\$ 1,000.00
Mailing Address 5740 Getwell Road		__ / __ / __	\$
City, State, Zip Code Southaven, MS 38672		__ / __ / __	\$
Name of Employer (Required) Rozier Hayes		__ / __ / __	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 1,000.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Charles Guest		3 / 24 / 10	\$ 500.00
Mailing Address 1539 Hillbrook Drive		__ / __ / __	\$
City, State, Zip Code Starkville, MS 39759		__ / __ / __	\$
Name of Employer (Required) Mississippi State University		__ / __ / __	\$
Occupation (Required) General Counsel		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Line of Credit</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name BancorpSouth		4 / 07 / 10	\$ 25,250.00
Mailing Address 517 South Lamar Blvd.		__ / __ / __	\$
City, State, Zip Code Oxford, MS 38655		__ / __ / __	\$
Name of Employer (Required) BancorpSouth		__ / __ / __	\$
Occupation (Required) Banking		Aggregate year-to-date	\$ 25,250.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Robert Paine		4 / 20 / 10	\$ 500.00
Mailing Address 1201 Old Lake Cove		__ / __ / __	\$
City, State, Zip Code Oxford, MS 38655		__ / __ / __	\$
Name of Employer (Required) Paine Law Group, PLLC		__ / __ / __	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 500.00

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## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Janie Rozier		4 / 21 / 10	\$ 500.00
Mailing Address 905 Olde Creek Lane		__ / __ / __	\$
City, State, Zip Code Oxford, MS 38655		__ / __ / __	\$
Name of Employer (Required) Retired		__ / __ / __	\$
Occupation (Required) Retired		Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dave & Jackie Rozier		4 / 21 / 10	\$ 500.00
Mailing Address 303 Woodland Hills Drive		__ / __ / __	\$
City, State, Zip Code Oxford, MS 38655		__ / __ / __	\$
Name of Employer (Required) Rozier Hayes/International Paper		__ / __ / __	\$
Occupation (Required) Attorney/Attorney		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name John & Pam Meyer		4 / 21 / 10	\$ 500.00
Mailing Address 233 Olde Castle Loop		__ / __ / __	\$
City, State, Zip Code Oxford, MS 38655		__ / __ / __	\$
Name of Employer (Required) Allstate/Rozier Hayes		__ / __ / __	\$
Occupation (Required) Insurance/Administrator		Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		__ / __ / __	\$
Mailing Address		__ / __ / __	\$
City, State, Zip Code		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$

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## ITEMIZED DISBURSEMENTS

<b>A. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Profit Optimization Group		
<b>Mailing Address</b>	3 / 31 / 10	\$ 950.00
820 University Avenue		
<b>City, State, Zip Code</b>	__ / __ / __	\$
Oxford, MS 38655		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 950.00
Website		
<b>B. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Charlotte Mullinix		
<b>Mailing Address</b>	4 / 22 / 10	\$ 205.00
705 Chester Avenue		
<b>City, State, Zip Code</b>	__ / __ / __	\$
Tupelo, MS 38801		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 205.00
Stickers		
<b>C. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Callahan's Quickprint		
<b>Mailing Address</b>	4 / 18 / 10	\$ 434.42
1735 University Avenue		
<b>City, State, Zip Code</b>	__ / __ / __	\$
Oxford, MS 38655		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 434.42
Sticker		
<b>D. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Documart		
<b>Mailing Address</b>	4 / 23 / 10	\$ 214.49
1105 Jackson Avenue		
<b>City, State, Zip Code</b>	__ / __ / __	\$
Oxford, MS 38655		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 214.49
Stickers		
<b>E. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	__ / __ / __	\$
<b>City, State, Zip Code</b>	__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>F. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	__ / __ / __	\$
<b>City, State, Zip Code</b>	__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$